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|  | BEHAVIORAL HEALTH ADMINISTRATION (BHA)  OUTPATIENT COMPETENCY RESTORATION PROGRAM (OCRP)  **OCRP Discharge Summary** | | | | | |
| **Identifying and Contact Information at the Time of Program End** | | | | | | |
| PERSON’S NAME | | | | EMAIL ADDRESS | | PHONE NUMBER (WITH AREA CODE)  (     ) |
| CAUSE NUMBER(S) | | | | | | |
| STREET ADDRESS CITY STATE ZIP CODE | | | | | | |
| **Section 1. Points of Contact** | | | | | | |
| OCRP PROVIDER | | | | | | PHONE NUMBER (WITH AREA CODE)  (     ) |
| FORENSIC NAVIGATOR | | | | | | PHONE NUMBER (WITH AREA CODE)  (     ) |
| FHARPS PROVIDER OR  N/A | | | | | | PHONE NUMBER (WITH AREA CODE)  (     ) |
| FPATH PROVIDER OR  N/A | | | | | | PHONE NUMBER (WITH AREA CODE)  (     ) |
| OUTPATIENT BEHAVIORAL HEALTH PROVIDER AND CASE MANAGER / THERAPIST | | | | | | PHONE NUMBER (WITH AREA CODE)  (     ) |
| OUTPATIENT SUBSTANCE USE DISORDER PROVIDER AND CASE MANAGER / THERAPIST | | | | | | PHONE NUMBER (WITH AREA CODE)  (     ) |
| LEGAL REPRESENTATIVE – DEFENSE COUNSEL | | | | | | PHONE NUMBER (WITH AREA CODE)  (     ) |
| OTHER SUPPORT / SERVICE PROVIDER AND CONTACT PERSON (PLEASE LIST SUPPORT / SERVICE) | | | | | | PHONE NUMBER (WITH AREA CODE)  (     ) |
| **Section 2. Treatment Summary** | | | | | | |
| OCR PROGRAM END DATE | | OCR PROGRAM END LOCATION | | | | |
| DIAGNOSIS(ES) AT PROGRAM END | | | | | | |
| MEDICATIONS AT PROGRAM END | | | | | | |
| REASON FOR DISCHARGE  Charges dismissed  Found not competent  Found competent  Found not restorable  Return to jail  Revoked conditions of release  Inpatient medical care  Inpatient civil psychiatric care  Death  Other: | | | | | | |
| **Progress toward Barriers to Competency (list barriers and interventions / progress)** | | | | | | |
|  | | | | | | |
| **Summary of Overall Program Participation** | | | | | | |
|  | | | | | | |
| **Section 3. Follow Up Care** | | | | | | |
| **Outpatient Behavioral Health Services** | | | | | | |
| DATE / TIME OF NEXT APPOINTMENT | | | IF NO APPOINTMENT, WHY? | | | |
| STREET ADDRESS CITY STATE ZIP CODE | | | | | | |
| COMMENTS | | | | | | |
| **Substance Use Disorder Services** | | | | | | |
| DATE / TIME OF NEXT APPOINTMENT | | | IF NO APPOINTMENT, WHY? | | | |
| STREET ADDRESS OF APPOINTMENT CITY STATE ZIP CODE | | | | | | |
| COMMENTS | | | | | | |
| **Other Appointment (medical, legal, vocational, educational, day program, language, etc.)** | | | | | | |
| PROVIDER AND CONTACT PERSON | | | | | | PHONE NUMBER (WITH AREA CODE)  (     ) |
| EMAIL ADDRESS | | | | | | |
| TYPE OF SERVICE | | | | | | |
| DATE / TIME OF NEXT APPOINTMENT | | | IF NO APPOINTMENT, WHY? | | | |
| STREET ADDRESS OF APPOINTMENT CITY STATE ZIP CODE | | | | | | |
| COMMENTS | | | | | | |
| **Other Appointment (medical, legal, vocational, educational, day program, language, etc.)** | | | | | | |
| PROVIDER AND CONTACT PERSON | | | | | | PHONE NUMBER (WITH AREA CODE)  **(     )** |
| EMAIL ADDRESS | | | | | | |
| TYPE OF SERVICE | | | | | | |
| DATE / TIME OF NEXT APPOINTMENT | | | IF NO APPOINTMENT, WHY? | | | |
| STREET ADDRESS OF APPOINTMENT CITY STATE ZIP CODE | | | | | | |
| COMMENTS | | | | | | |
|  | | | | | | |
| PERSON COMPLETING FORM | | | | | DATE FORM COMPLETED | |